

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/869917** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3		2	1			
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TOTAL IND.			1			
TOTAL DEP.			2			
TOTAL CLAIMS		3				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				1		
TOTAL DEP.			2			
TOTAL CLAIMS		3				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
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